DIABETIC ULCER PATHWAY WORKSHEET
HBOT REFERRAL

Diabetic: Type I ☐ Type II ☐
Wagner Stage: (must be stage III or higher) ____________________
Vascular Studies (check all that are appropriate)

☐ Tcpo2 Date ____________________

☐ SSP Date ____________________

☐ Luna Date ____________________

☐ Arteriogram Date ____________________

☐ ABI/Other ______________________________ Date ____________________

Lower extremity vascular surgery Y N

If yes Location / Surgeon /Date ____

☐ Not a candidate for Surgery
Surgical debridement Y N
Procedure(s) ____ Date: __________

____ Date __________

Wound Care (check all that apply)

☐ 30 days of documented wound management
☐ Maintenance (dressing change)
Type(s) ____

☐ Debridement of devitalized tissue
☐ Off Loading (if appropriate)

Measurable signs of healing Y N
Wound size at start of wound care (LxWxD) ____________________________________ Date __________
Present wound size (LxWxD) ____ Date __________

Change in amount of exudate ☐ Increase ☐ decrease ☐ no change
Change in amount of devitalized tissue ☐ Increase ☐ decrease ☐ no change
Antibiotic therapy Y N
Name:____ P.O. / I.V. Date __________
Duration: ____

Glucose Controlled Hgbic Date: __________ Results:__________ N.A.
Optimized nutrition Dietary consult Y N N/A Date __________ Supplements prescribed ☐
Appropriate candidate for HBOT **Y** **N**
Completed by: ____ **Date** __________